

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 12, 2007 8:00 am
Secretary of State

02-22-2007 90020 040 ***150.00

DOCUMENT # P98000020391 1. Entity Name TED'S LUNCHEONETTE, INC.	
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Principal Place of Business 1201 CLEARWATER-LARGO ROAD LARGO, FL 34640	Mailing Address 1201 CLEARWATER-LARGO ROAD LARGO, FL 34640
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DO NOT WRITE IN THIS SPACE



02092007 No Chg-P CR2E034 (11/05)

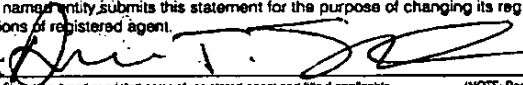
4. FEI Number 59-3496286	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**STOUPAS, DEMETRIUS T
1201 CLEARWATER-LARGO ROAD
LARGO, FL 34640**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  **2-13-07**
DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

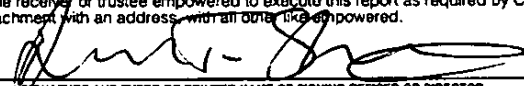
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD, Stoupas STOUPAS, DEMETRIUS T. 1201 CLEARWATER-LARGO ROAD LARGO, FL 34640
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all duties like empowered.

SIGNATURE:  **3-7-07** **727** **584-2565**
Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR